

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043338

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 87

Primary Registration District No. 4565

Registrar's No.

VS 300  
Rev. 4/59

1 0281

2 0360

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 9 1963

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sullivan</b>		c. CITY OR TOWN <b>Sullivan</b>	
Length of stay in lb <b>15 years</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sullivan Community Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route #1</b>	
3. NAME OF DECEASED (Type or print) First <b>Russell</b> Middle <b>F.</b> Last <b>Tourville</b>		4. DATE OF DEATH Month <b>November</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/25/13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Paving</b>	
13a. FATHER'S NAME <b>Henry Tourville</b>		13b. MOTHER'S MAIDEN NAME <b>Isabelle Bacon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, <input type="checkbox"/> or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of <b>No</b> )		17. INFORMANT Address <b>Ethel Tourville, Sullivan, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) <b>2 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:00</b> a.m. <b>P</b> Month, Day, Year <b>1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Sullivan, Mo</b> COUNTY <b>Franklin</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>7:00 P</b> to <b>1963</b> and last saw her alive on <b>Nov 23, 1963</b> Death occurred at <b>7:00 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>John J. Patacchini</b> 22b. ADDRESS <b>Sullivan, Mo</b> 22c. DATE SIGNED <b>11/28/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-26-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Clair, Missouri</b>
24. FUNERAL DIRECTOR <b>Casey-Lenox Funeral Home</b> ADDRESS <b>St. Clair, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>David H. Strasser</b>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *H. M. Lewis*

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.